

ISSUE CLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		08-23-01
O.I.P.E. CLASSIFIER	ASD		8/30/01
FORMALITY REVIEW	P.B.	1137	09/21/01

Response

H.S.

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	4/27/04
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Claim	Date
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Claim	Date
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Best Available Copy

T.C. 11
 09/21/01
 T.C. 571
 01/16/02

If more than 150 claims or 10 actions
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